

ADMIRALS BANK

Home Improvement Lending

Attn: Daniella R. Muschiano | 1-401-248-7377 or 1-800-572-7844 ext. 7377 | Fax: 1-888-622-2573 | dmuschiano@admiralsbank.com

*Contractor/Company whom referred you: SunnyCal Solar/Dollens Electric Corp
 *Required to fill in if applicable

HOME IMPROVEMENTS _____ AMOUNT REQUESTED _____

REAL ESTATE INFORMATION	
ADDRESS _____ CITY _____ ST _____ ZIP _____	
DATE PURCHASED _____ ORIGINAL PURCHASE PRICE _____	
1 ST MORTGAGE BALANCE _____ PAYMENT _____ TAXES & INS. INCLUDED? Y / N	
2 ND MORTGAGE BALANCE _____ PAYMENT _____ CURRENT VALUE _____	
MOBILE HOME Y / N MULTI FAMILY PROPERTY Y / N # OF UNITS _____	
BORROWER INFORMATION	
BORROWER	CO-BORROWER
NAME _____	NAME _____
SOC SEC # _____ - _____ - _____	SOC SEC # _____ - _____ - _____
DATE OF BIRTH _____	DATE OF BIRTH _____
HOME PHONE _____	HOME PHONE _____
ALTERNATIVE PHONE _____	ALTERNATIVE PHONE _____
EMPLOYMENT INFORMATION	
BORROWER	CO-BORROWER
EMPLOYER _____	EMPLOYER _____
ADDRESS _____	ADDRESS _____
PHONE _____	PHONE _____
LENGTH OF EMPLOYMENT _____	LENGTH OF EMPLOYMENT _____
POSITION _____	POSITION _____
ANNUAL INCOME _____	ANNUAL INCOME _____
OTHER INCOME _____	OTHER INCOME _____

<p style="text-align: center;">BORROWER</p> <p><input type="checkbox"/> I do not wish to furnish this information</p> <p style="text-align: center;">ETHNICITY</p> <p><input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino</p> <p style="text-align: center;">RACE</p> <p><input type="checkbox"/> American Indian or Native Alaskan</p> <p style="padding-left: 40px;"><input type="checkbox"/> Asian</p> <p style="padding-left: 40px;"><input type="checkbox"/> White</p> <p><input type="checkbox"/> Black or African American</p> <p><input type="checkbox"/> Native Hawaiian or Other Pacific Islander</p> <p style="text-align: center;">SEX</p> <p><input type="checkbox"/> Male <input type="checkbox"/> Female</p>	<p style="text-align: center;">CO-BORROWER</p> <p><input type="checkbox"/> I do not wish to furnish this information</p> <p style="text-align: center;">ETHNICITY</p> <p><input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino</p> <p style="text-align: center;">RACE</p> <p><input type="checkbox"/> American Indian or Native Alaskan</p> <p style="padding-left: 40px;"><input type="checkbox"/> Asian</p> <p style="padding-left: 40px;"><input type="checkbox"/> White</p> <p><input type="checkbox"/> Black or African American</p> <p><input type="checkbox"/> Native Hawaiian or Other Pacific Islander</p> <p style="text-align: center;">SEX</p> <p><input type="checkbox"/> Male <input type="checkbox"/> Female</p>
---	--